



APPLICATION FOR USE OF FACILITIES AND EQUIPMENT

City of Falls Church • Recreation & Parks Division • 223 Little Falls Street • Falls Church, VA 22046-4304
703-248-5077 • Fax 703-536-8150 • recreation@fallschurchva.gov

- 1) Today's date _____
- 2) Organization _____
- 3) Applicant Name _____
- 4) Address _____
- 5) Phone (H) _____ (W) _____
- 6) E-Mail _____
- 7) Person in Charge (if other than applicant)
Name _____
Address _____
Phone (H) _____ (W) _____

- 8) Activity Type _____
- 9) Date (s) of use _____
- 10) Time Rental begins _____ Time rental ends _____
- 11) Time event is open to your guests or public _____
- 12) Is room set up needed? Yes ☐ No ☐
If yes, please provide a diagram or detail needs here.

- 13) Number of people expected? Min. _____ Max. _____
- 14) Is organization a civic or community organization? Yes ☐ No ☐
- 15) Does user collect fees? Yes ☐ No ☐
Admissions: Adults \$ _____ Youth \$ _____
- 16) Proceeds will be used for? _____
- 17) Will food and beverages be sold? Yes ☐ No ☐
- 18) Request permission to serve alcoholic beverages? Yes ☐ No ☐

If yes, then a letter requesting permission must accompany this form

19) Space requested

- | | |
|------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Art Room | <input type="checkbox"/> Half Gym |
| <input type="checkbox"/> Community Room | <input type="checkbox"/> Full Gym |
| <input type="checkbox"/> Senior Center 1 | <input type="checkbox"/> Cherry Hill Farmhouse |
| <input type="checkbox"/> Senior Center 2 | <input type="checkbox"/> Cherry Hill Barn |
| <input type="checkbox"/> Full Senior Center | <input type="checkbox"/> Cherry Hill Shelter |
| <input type="checkbox"/> Teen Center | <input type="checkbox"/> Berman Park Shelter |
| <input type="checkbox"/> Kitchen | <input type="checkbox"/> Roberts Park Shelter |
| <input type="checkbox"/> Other (specify) _____ | <input type="checkbox"/> Madison Park Shelter |

20) Equipment requested (enter quantity where applicable)

- | | |
|---------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Tables _____ | <input type="checkbox"/> Slide Projector |
| <input type="checkbox"/> Chairs _____ | <input type="checkbox"/> Coffee Pot _____ |
| <input type="checkbox"/> Podium | <input type="checkbox"/> Stage Risers (4x8) _____ |
| <input type="checkbox"/> Microphone _____ | <input type="checkbox"/> Picnic Kit _____ |
| <input type="checkbox"/> TV/VCR | <input type="checkbox"/> Santa Suit _____ |
| <input type="checkbox"/> Overhead Projector | <input type="checkbox"/> Other (specify) _____ |

The undersigned certifies that he (she) is familiar with the Falls Church Recreation & Parks Division policies and regulations as stated on the accompanying pages of the agreement, and that these shall be enforced as well as honored by the using group. The undersigned further certifies the he (she) is the authorized representative to act for and accept the responsibility for the organization.

PERMIT NOT TRANSFERABLE _____

Signature of Representative

FOR OFFICE USE ONLY

Type of Rental: ☐ Civic-Resident ☐ Private-Resident ☐ For Profit-City
☐ Civic-Non-Resident ☐ Private-Non-Resident ☐ For Profit-Non-City

Room Rental Fee:

No. of Hours _____ No. of Meetings _____
Rate for first hour _____ Rate for each additional hour _____
Total _____

Equipment Rental Fee:

Daily Rate _____ No. of Days _____
Security Deposit _____ Total _____

Cherry Hill Farmhouse Rental Fee:

No. of Hours _____ Hourly Rate _____
Amount payable to "Friends of Cherry Hill" _____
Security Deposit _____ Total _____

Personnel Fees:

Supervisory: No. of Hours _____ Hourly Rate _____
Custodial: No. of Hours _____ Hourly Rate _____
Total _____

Other Fees: _____

Total Amount \$ _____
Security Deposit \$ _____
Total Balance Due \$ _____
Date paid _____

Security Deposit paid to secure date of event is non-refundable.

Security deposit paid to cover any damages may be refunded.

Insurance required? Yes ☐ No ☐

Space Assigned _____

RECREATION AND PARKS DIVISION

Approved ☐ Denied ☐

Director of Recreation & Parks

Comments _____

Request to serve alcoholic beverages: Approved ☐ Denied ☐



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